

Effective with date of service August 1, 2005, compression garments are only covered through the Orthotics and Prosthetics program. Refer to Clinical Coverage Policy #5B.

1.0 Description of the Product

Compression garments are made of elastic compression material used to promote venous and/or lymphatic circulation.

2.0 Eligible Recipients

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

3.0 When the Product is Covered

Compression garments with a pressure gradient of greater than 20 mm that provide a medical benefit to the recipient for a specific medical condition are covered.

4.0 When the Product is Not Covered

Compression garment(s) are not covered when:

1. They can be purchased over-the-counter without a prescription.
2. They do not provide a specific medical benefit for the recipient.
3. The medical criteria listed in **Section 3.0** above are not met.
4. The policy guidelines listed in **Section 5.0** below are not met.

5.0 Requirements for and Limitations on Coverage

1. A qualified health care professional must measure the recipient's extremity.
2. The garment(s) must be ordered specifically for the recipient.
3. The garment(s) must be dispensed from the physician's office to the recipient.
4. Compression garment(s) are limited to two every 365 days.

6.0 Providers Eligible to Bill the Product

Physicians and non-physician practitioners functioning within their scope of practice who are enrolled in the N.C. Medicaid program who provide this service may bill for this service.

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in the Medicaid Managed Care programs.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Providers bill professional services on the CMS-1500 claim form.

8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity

8.3 Procedure Codes

HCPCS code A9900 must be billed with an invoice. The invoice must include the recipient's name, description of the garment(s), including the amount of compression and the cost.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Update Information

Original Effective Date: January 1, 1980

Update Information:

Date	Section Updated	Change
12/01/03	Policy Title Block	The policy title was revised to "Compression Garments."
12/01/03	Section 1.0, Section 3.0, and Section 8.0	References to "sleeves/stockings" were revised to "garments."
12/01/03	Section 1.0	The description was revised to state that compression garments are used to promote venous and/or lymphatic circulation.
12/01/03	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/03	Section 6.0	A sentence was added to the section stating that providers must comply with Medicaid guidelines and obtain referrals where appropriate for Managed Care enrollees.
12/01/03	Section 8.0	This section was reformatted into four subsections; there was no change to the content.
8/1/05	Entire Policy	Policy was end-dated. Effective with date of service August 1, 2005, compression garments are only covered through the Orthotics and Prosthetics program.